

Arlington Police - Safe Watch Program



The Arlington Police is committed to the safety of our residents. Our Safe Watch Program is designed for all residents with a disability or medical condition that would cause them to wander from their safe environment. Safe Watch is designed to pro-actively gather pertinent and recent information on the individual in the event they should go missing. This will allow for an immediate, informed search, deploying resources constructively, with the best chance of returning them to their safe environment as quickly as possible. Responsible family members are encouraged to make use of this program by filling out this form and updating it with the Police Department as necessary.

Subject's Profile

Last Name _____ First Name _____ Date of Birth _____
Address _____ Town _____ County _____
Current Physical Description _____
Gender _____ Height _____ ft _____ inches Weight _____ Eye Color _____ Hair Color _____
Identifying Marks/Items (e.g., tattoos, birthmarks) _____
Phone Number & Phone Provider (e.g., T-Mobile) _____

Medical Conditions

☐ Autism ☐ Deaf ☐ Diabetes ☐ Mental Health Issues ☐ Blind ☐ Dementia / Alzheimer's
☐ Other developmental disability ☐ Nonverbal ☐ Physical disability ☐ Seizures ☐ Brain injury
Prescription medications and frequency _____
Treatment or medical procedures to avoid _____

Notes

Sensory or dietary issues; any other relevant medical issues _____
Is he / she likely to wander away? _____
Habits / Preferences _____
Favorite attractions or places _____
Distinguishing behaviors / Signs of distress _____
Favorite objects, toys, topics, likes or dislikes _____
Effective approach and de-escalation techniques _____
Preferred communication method (e.g., if non-verbal, sign language, pictures, printed words) _____

Emergency Contact

Primary Contact Name (parents / guardians / care providers) _____
Address _____ Town _____ County _____
Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Alternate Contact Name

Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Alternate Contact Name #2

Home Phone _____ Work Phone _____ Cell _____
TTD / TTY _____ Other _____

Additional Notes